

SEEC FORM 3

POLITICAL COMMITTEE (PAC) REGISTRATION CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

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REGISTRATION TYPE

- ☐ INITIAL
☐ AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
3. COMMITTEE ADDRESS							
Address				City		State	Zip Code
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
6. CHAIRPERSON NAME							
Prefix	First			MI	Last		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
() —							
11. TREASURER NAME							
Prefix	First			MI	Last		Suffix
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
() —							
16. DEPUTY TREASURER							
Prefix	First			MI	Last		Suffix
17. DEPUTY TREASURER RESIDENCE ADDRESS				18. DEPUTY TREASURER MAILING ADDRESS			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
19. DEPUTY TREASURER TELEPHONE				20. DEPUTY TREASURER E-MAIL ADDRESS			
() —							
21. DEPOSITORY INSTITUTION NAME							
22. DEPOSITORY INSTITUTION ADDRESS							
Address				City		State	Zip Code

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NAME OF COMMITTEE							
23. OTHER OFFICER-1 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-1 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	
23a. OTHER OFFICER-2 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-2 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	
23b. OTHER OFFICER-3 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-3 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	
23c. OTHER OFFICER-4 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-4 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	
23d. OTHER OFFICER-5 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-5 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	
23e. OTHER OFFICER-6 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-6 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	
23f. OTHER OFFICER-7 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-7 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	
23g. OTHER OFFICER-8 NAME						TITLE OR POSITION	
Prefix	First	MI	Last	Suffix			
OTHER OFFICER-8 RESIDENCE ADDRESS							
Street Address			City		State	Zip Code	

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NAME OF COMMITTEE				
24. COMMITTEE SUBTYPE (Select single committee subtype under either box 24a or 24b; if you check 24b, you must also check one of four caucus subtypes)				
24a. <input type="checkbox"/> Two or More Individuals <input type="checkbox"/> Two or More Committees (<i>Fundraising Event(s)</i>) <input type="checkbox"/> Business Entity		<input type="checkbox"/> Labor Union <input type="checkbox"/> Other Organization <input type="checkbox"/> Legislative Leadership		24b. <input type="checkbox"/> Legislative Caucus <input type="checkbox"/> Senate Democrats <input type="checkbox"/> House Democrats <input type="checkbox"/> Senate Republicans <input type="checkbox"/> House Republicans
25. PURPOSE OF COMMITTEE (Check either Ongoing or Durational and applicable subtypes)				
25a. <input type="checkbox"/> Ongoing Select Committee Subtype: <input type="checkbox"/> State Elections Only <input type="checkbox"/> Municipal Elections Only <input type="checkbox"/> Both		25b. <input type="checkbox"/> Durational Select Committee Subtype: <input type="checkbox"/> Single Election Date _____ <input type="checkbox"/> Single Primary Date _____ <input type="checkbox"/> Single Referendum Date _____ <input type="checkbox"/> Fundraising Event(s): Names of Participating Committees: _____ <input type="checkbox"/> Single Candidate <input type="checkbox"/> Slate of Candidates <input type="checkbox"/> Constitutional Amendment Date _____		
26. BRIEFLY DESCRIBE THE SUBJECT MATTER OF THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT			27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT (select one)	
			<input type="checkbox"/> 27a. Support <input type="checkbox"/> 27b. Oppose	
28. IF THIS IS A DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES, COMPLETE THESE BOXES				
28a. Position <input type="checkbox"/> Support <input type="checkbox"/> Oppose	28b. Candidate(s) Name(s)	28c. Office(s) Sought	28d. Party Designation	
29. IF COMMITTEE IS ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION, WHAT IS ENTITY'S NAME AND ADDRESS?				
Name		Street Address	City	State Zip Code
30. IF COMMITTEE FORMED BY A LABOR UNION OR OTHER ORGANIZATION, HOW WILL FUNDS BE RECEIVED?			31. IS COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY? (i.e. AFL-CIO, AFSCME, CBIA, etc.)	
<input type="checkbox"/> Treasury <input type="checkbox"/> Voluntary Member Contributions			<input type="checkbox"/> No _____ <input type="checkbox"/> Yes <i>If yes</i> Name & Address _____	
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? (See instructions for definitions of Client and Communicator Lobbyists)				
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, Name of Registered Lobbyist</i> _____			<input type="checkbox"/> Client Lobbyist <input type="checkbox"/> Both <input type="checkbox"/> Communicator Lobbyist	
33. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL OR GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?				
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, Name of Official or Member</i> _____				
34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT?			35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes</i> District Number _____			<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes</i> District Number _____	
36. IS COMMITTEE FILING REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?				
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes</i> Name of Agency _____				
37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?				
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, See instructions for additional filing requirements.</i>				

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38. IS THE COMMITTEE ESTABLISHED BY OR ON BEHALF A PRINCIPAL OF A STATE CONTRACTOR?

☐ No ☐ Yes *If yes* Name of Principal _____

39. PURPOSE OF COMMITTEE AS TO STATEWIDE AND GENERAL ASSEMBLY CANDIDATES

39a. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?

☐ No ☐ Yes

39b. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?

☐ No ☐ Yes

40. IS THE COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

☐ No ☐ Yes *If yes* Name of Principal _____

41. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

CHAIRPERSON (SIGNATURE)

DATE (mm/dd/yyyy)

☐ **(Initial Committee Registration)** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Treasurer of this political committee, and that I am *either* submitting this registration statement *together with* a SEEC FORM 20 complete as to the committee's first day of receiving contributions or distributions benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 20 within 48 hours after receiving the committee's first contribution or distribution.

☐ **(Amended Committee Registration)** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Deputy Treasurer of this political committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

42. CERTIFICATION APPLICABLE ONLY TO LEGISLATIVE LEADERSHIP COMMITTEES

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

TITLE

LEGISLATIVE LEADER (SIGNATURE)

DATE (mm/dd/yyyy)

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